

BRIGHT FUTURES EXAM : 1 YEAR OLD

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____		
Maine Care ID #:			<input type="checkbox"/> NO SHOW			Actual Age: Months		
Examiner's Last Name:			Examiner's NPI #:			Pay To NPI #:		

(1) INFANT HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health	NI	Ab		NI	Ab			
2. Illness free	Y	N	15. WT _____ lbs, _____ %					Up to date?
3. Injury free	Y	N	16. HT _____ in, _____ %					35. HepA #1
4. Stools/urine	NI	Ab	17. WT/HT _____ %					36. Hib # 3 or # 4
5. Sleeping	Y	N	18. HC _____ in, _____ %					37. HepB # 3 if not given already
6. Hearing	Y	N	19. Skin					38. MMR # 1 (at 12 or 15 months)
7. Vision	Y	N	20. Head					39. Varicella #1
8. Normal feeding habits	Y	N	21. Eyes					40. DTaP (if > 6 mos since # 3)
breastfeeding _____ x/day			22. Ears					41. Other _____
milk _____ oz/day								42. PCV #4
meals _____ x/day			23. Throat					Document vaccine brand below and record in Impact2
wean to a cup	NI	Ab	24. Teeth					
9. Vitamin D/Supplement	Y	N	25. Neck					(6) KEY ANTICIPATORY GUIDANCE
10. Heat source	NI	Ab	26. Lungs					✓ * = key items
11. Family nutrition, balanced	NI	Ab	27. Heart					* 64. Supervise child at all times
12. Diet	NI	Ab	28. Genitalia					* 65. Switch to whole milk at 12 months
13. Single Parent	Y	N	29. Hips					* 66. Child proof home: poisons, matches, meds, alcohol, outlets, stairway gates, window guards
14. Cigarette / Wood Smoke	Y	N	30. Gait					* 67. Switch to toddler car seat in back
(5) DEVELOPMENTAL MILESTONES			31. Musc/Skel					68. Lower crib mattress
								69. Test smoke / Carbon monoxide detectors
	Y	N	32. Neuro					70. Keep home/car smoke free
51. Vocabulary 1 - 3 + words			33. Extremities					71. HepA
52. Pull to stand/cruises			34. General hygiene					72. Avoid balloons/small objects
53. Stands alone (2-3 seconds)								73. Ensure water/playground safety
54. Walks			(4) SCREENING					74. Sun exposure/sunscreen
55. Precise pincer grasp			43. Dental Fluoride Varnish applied	Y	N			75. Poison Control , Give #
56. Points with index finger			44. CBC/Hgb/HCT ordered	Y	N			76. CPR training
57. Bangs two blocks together			45. Result: Hgb ____ HCT ____					77. Avoid mealtime battles
58. Looks for dropped/hidden items			46. Share Hgb/HCT results with WIC	Y	N			78. Avoid choking/risk food
			47. Flouride (water, Rx)	Y	N			
59. Feeds self			Blood lead test, Federal requirement at least one test is mandatory between 9 – 17 months old.					*79. Brush teeth with little or no toothpaste 2x
60. Drinks from a cup			48. Ordered	Y	N			80. Set limits, limit # of rules, be consistent
			Drawn in office	Y	N			81. Keep bedtime routines
61. Waves bye-bye			Lead Results: _____	NI	Ab			82. Dental Appt
62. Understands "no"			Date done: / /					83. Encourage reading, singing, talking
63. Play social games, peek-a-boo			49. Oral Health Risk Assessment	NI	Ab			84. Child care
			ASQ Score _____	Pass	Refer			*85. Ask about WIC
			Peds	Pass	Refer			* 86. Discuss lead poisoning prevention
			50. Do PPD (if Exposure risk)	Y	N			
			If done, result	Neg	Pos			

MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/find dentist/find other provider/make appointment/ Public Health Nurse visit/other

ASSESSMENT/ABNORMALS PLAN (refer to line item numbers)

EXAMINER'S SIGNATURE: _____	DATE: ____/____/____ RTC in _____ months
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